U.S. DEPARTMENT OF THE INTERIOR **APPLICANT BACKGROUND SURVEY**

GENERAL INSTRUCTIONS

The information from this survey is used to help ensure

that agency personnel practices r of Federal law. Your responses a answer each of the questions to t Please print entries in pencil or pe letters. Read each item thorough the appropriate code number in e	neet the re volui he best en. Use ly befor	e requirements ntary. Please of your ability. e only capital re completing	(Privacy Act of 1974) December 31, 1974, for individuals completing Federal records and forms that solicit personal information. AUTHORITY Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code. PURPOSE AND ROUTINE USES The information from this survey is used for research and for a Federal equal opportunity recruitment program to help ensure that agency personnel practices meet the requirements of Federal law.		
Vacancy Announcement No.:	Date:		Providing the information is voluntary. No individual personnel selections are made based on this information. INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL		
Position:			SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b) Solicitation of the Social Security Number (SSN) by the Office of Personnel Management is authorized under provisions of Executive Order 9397 dated November 22, 1943. It is used to relate this form with other records that you file with Federal agencies.		
1. Name (Last, First, MI):		2. Year of Birth:		3. Social Security Number:	
		19		•	
(You may circle up to 3 choices.) 01 - Private Information Service 02 - Magazine 03 - Newspaper 04 - Radio 05 - TV 06 - Poster 07 - Private Employment Office 08 - State Employment Office (Unemployment Office) 09 - Agency Personnel Department (bulletin board or other announcement)			10 – Agency or other Federal Government Recruitment at School or College 11 – Federal, State, or Local Job Info. Center 12 – Religious Organization 13 – School or College Counselor or Official 14 – Friend or relative working for the agency 15 – Friend or relative not working for agency 16 – Other (specify)		
	which	indicates the gro		nitions below. In the box in Block 6, ch you identify yourself. Check the	
DEFINITIONS A – American Indian or Alaskan Native B – Asian or Pacific Islander C – African American D – Hispanic E Caucasian				6. Do you have any physical disabilities? YES NO	
				7. Race/Ethnic Code:	
				8. Sex MALE FEMALE	
	E(OD DUDEAU USE	: ONL V	DI 1025	

PRIVACY ACT INFORMATION **GENERAL** This information is provided pursuant to Public Law 935-579

Date Received: Bureau Code: Bureau Code:	
--	--